

Foster Family Home - Corrective Action Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao

Review ID: 1-170046-1

94-1288 Kahuanui Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 8/16/2017

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Home visit made for a new 2 person CCFFH certification survey.

Home is in compliance with all requirements. Home will receive a 1 year 2 person certification.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

8-16-17
Date

8/16/17
Date